



**MONTANA  
TEACHERS' RETIREMENT SYSTEM**

1500 E 6TH AVE  
PO BOX 200139  
HELENA MT 59620-0139  
406 444-3134

TRS Office Use Only

**TRANSFER OF SERVICE  
FROM PERS TO TRS**

ALL REQUESTED INFORMATION MUST BE TYPED OR PRINTED LEGIBLY IN DARK INK.

\_\_\_\_\_  
(Member's Printed Name)

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
(Social Security Number)

\_\_\_\_\_  
(Mailing Address – Including City, State & Zip+4 Code (If unknown, use 5-digit Zip Code))

\_\_\_\_\_  
(Area Code and Telephone Number)

\_\_\_\_\_  
(Date of Birth)

\_\_\_\_\_  
(Member's Signature)

\_\_\_\_\_  
(Date)

Please accept this as a formal request for a transfer of service from the Montana Public Employees' Retirement System (PERS) to the Montana Teacher' Retirement System (TRS).

**(1) The following is a brief description of my employment:**

\_\_\_\_\_  
(Employer's Printed Name)

\_\_\_\_\_  
(Employee's Date of Employment)

Have you withdrawn your account from PERS? ☐ YES ☐ NO

\_\_\_\_\_  
(Member's Previous Name(s) Used)

**(2) The following is a brief description of my employment:**

\_\_\_\_\_  
(Employer's Printed Name)

\_\_\_\_\_  
(Employee's Date of Employment)

Have you withdrawn your account from PERS? ☐ YES ☐ NO

\_\_\_\_\_  
(Member's Previous Name(s) Used)

\_\_\_\_\_  
(Member's Signature)

\_\_\_\_\_  
(Date)

IN COMPLIANCE WITH THE AMERICANS WITH DISABILITIES ACT OF 1992,  
ALTERNATIVE ACCESSIBLE FORMATS OF THIS DOCUMENT WILL BE PROVIDED UPON REQUEST